

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement for date of service 3-19-01.  
b. The request was received on 2-12-02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA
  - c. EOB/Example EOBs
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:  
No response noted in the dispute packet.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR 116) that was mailed to the requestor on 6-10-02. The Requestor responded as required by Rule 133.307 (g) (3) on 7-16-02. There is no carrier sign sheet to indicate the carrier's copy was placed in the representatives box. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's Case File.

### **III. PARTIES' POSITIONS**

1. Requestor: Position statement taken from Table of Disputed Services:  
"We feel an additional payment is due to us for the equipment we gave this patient. We have supplied all necessary information including examples of higher percentages of pay. The carrier still denies payment without a cost invoice."
2. Respondent: No position statement noted in the dispute packet.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 3-19-01.

2. The carrier denied the billed services as reflected on the EOBs as, “PAYU – THIS PROCEDURE/SERVICE CODE IS REIMBURSED BASED ON THE USUAL & CUSTOMARY ALLOWANCE USING THE GEOGRAPHIC ZIP CODE AREA”; “FEES F – THE PROCEDURE CODE IS REIMBURSED BASED ON THE MEDICAL FEE SCHEDULE. IF ONE IS NOT MANDATED, THE UCR ALLOWANCE IS REIMBURSED FOR THE ZIP CODE AREA.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
3-19-01 3-19-01 3-19-01	L0180 L0120 E1399	\$400.00 \$ 50.00 \$159.00	\$255.00 \$ 12.11 \$127.20	PAY U PAY U FEES	No MAR	TWCC Rule 133.304 (c); HCPCS Descriptors	<p>The carrier has denied the disputed services as “PAYU – THIS PROCEDURE/SERVICE CODE IS REIMBURSED BASED ON THE USUAL &amp; CUSTOMARY ALLOWANCE USING THE GEOGRAPHIC ZIP CODE AREA”; “FEES F – THE PROCEDURE CODE IS REIMBURSED BASED ON THE MEDICAL FEE SCHEDULE. IF ONE IS NOT MANDATED, THE UCR ALLOWANCE IS REIMBURSED FOR THE ZIP CODE AREA.”</p> <p>No carrier response was noted in the dispute packet. TWCC Rule 133.304 (c) states, “The explanation of benefits shall include the correct payment exception codes required by the Commission’s instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier’s actions(s). A generic statement that simply states a conclusion such as “not sufficiently documented” or other similar phrases with no further description for the reason for the reduction or denial of payment does not satisfy the requirements of this section.”</p> <p>The Carrier has failed to provide sufficient explanation of their denial as required by Rule 133.304 (c). Therefore, additional reimbursement is recommended in the amount of <b>\$214.69</b>. (Billed \$609.00 - \$394.31 already paid = \$214.69.)</p>
<b>Totals</b>		\$609.00	\$394.31				The Requestor is entitled to reimbursement in the amount of <b>\$214.69</b> .

**V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$214.69 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 11<sup>th</sup> day of February 2003.

Lesa Lenart  
Medical Dispute Resolution Officer  
Medical Review Division

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